

Start: W D

Status: N R C

Protested: P

CLASSIFICATION FORM FOR ATHLETES WITH A VISUAL IMPAIRMENT
(Please print all details in English)

Family name: _____

First name: _____

Date of birth (dd/mm/yyyy): _____ Gender: male / female

City/State/Country: _____

Visual Diagnosis + Associated diagnosis: _____

First diagnosed in year: _____

Medication: _____

Other medical conditions (e.g. epileptic): _____

Seizures: Yes/No Asthma Yes/No Cardiac problems Yes/No

Accredited coach/trainer: Yes/No

How long involved in competitive swimming: _____

No. of training sessions per week: _____

Length of each training sessions: _____

Cross training: YES/NO Type: _____

No. of competitions within the past 12 months: _____

Comments: _____

Optical Aids: Spectacles Contact lenses Sun glasses Swim glasses

CLINICAL EXAMINATION:

Visual acuity without correction RIGHT _____ LEFT _____

Visual acuity with correction RIGHT _____ LEFT _____

Refraction RIGHT _____ LEFT _____

Visual acuity with contact lenses RIGHT _____ LEFT _____

Visual field in degrees (if applicable) * RIGHT _____ LEFT _____

Visual Diagnosis: _____

IPC SWIMMING OFFICIAL USE ONLY

CLASSES: S SB S

EXCEPTIONS:

To be observed during competition: YES / NO Start: YES / NO

Tapper: YES / NO [Circle which is applicable]

Blackened goggles : YES / NO [Circle which is applicable]

Prosthesis: YES / NO [Circle which is applicable]

Printed name of the ophthalmologist/s

Signature and stamp of the ophthalmologist/s

Place and date: _____

***INCLUDE COPY THE NATIONAL MEDICAL FINDINGS**

**SPORT CLASS SYSTEM
FOR THE ATHLETES WITH A VISUAL IMPAIRMENT**

- S11 NO LIGHT PERCEPTION IN EITHER EYE UP TO LIGHT PERCEPTION BUT INABILITY TO RECOGNISE THE SHAPE OF A HAND AT ANY DISTANCE OR IN ANY DIRECTION**
- S12 FROM ABILITY TO RECOGNISE THE SHAPE OF A HAND UP TO VISUAL ACUITY OF 2/60 AND/OR VISUAL FIELD OF LESS THAN 5 DEGREES**
- S13 FROM VISUAL ACUITY ABOVE 2/60 UP TO VISUAL ACUITY OF 6/60 AND/OR A VISUAL FIELD OF MORE THAN 5 DEGREES AND LESS THAN 20 DEGREES**